



General

Guideline Title

Best evidence statement (BEST). The use of video-based modeling in teaching daily living skills to children with autism.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). The use of video-based modeling in teaching daily living skills to children with autism. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2012 Jun 21. 7 p. [10 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a to 5b) are defined at the end of the "Major Recommendations" field.

It is recommended that occupational therapists working with children and adolescents with autism use video-based modeling as a modality for teaching daily living skills (Bereznak et al., 2012 [4b]; Cannella-Malone et al., 2011 [4b]; Keen, Brannigan, & Cuskelly, 2007 [4b]; Rayner, 2011 [4b]; Rosenberg, Schwartz, & Davis, 2010 [4b]; Shipley-Benamou, Lutzker, & Taubman, 2002 [4b]).

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that... It is strongly recommended that...not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (<i>or vice versa for negative recommendations</i>).
It is recommended that... It is recommended that...not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Autism

Guideline Category

Management

Clinical Specialty

Family Practice

Pediatrics

Physical Medicine and Rehabilitation

Intended Users

Advanced Practice Nurses

Nurses

Occupational Therapists

Physician Assistants

Physicians

Guideline Objective(s)

To evaluate, in children with autism, if the use of video-based modeling improves participation in daily living activities

Target Population

Children aged 3 to 18 years with a diagnosis of autism

Note: Children who are unable to attend to video screen for brief periods of time are excluded.

Interventions and Practices Considered

Video-based modeling as a modality for teaching daily living skills

Major Outcomes Considered

Participation in daily living activities

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

Databases: PubMed, Google Scholar, CINAHL, Cochrane Library, PsycINFO

Search Terms: Video modeling, video + autism, modeling + autism

Limits & Filters: English language, Search Dates: 1990-2012

Date Search Done: 4-17-2012

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
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5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

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Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (<i>or vice versa for negative recommendations</i>).
It is recommended that... It is recommended that...not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Bereznak S, Ayres K, Mechling L, Alexander J. Video self-prompting and mobile technology to increase daily living and vocational independence for students with autism spectrum disorders. *J Dev Phys Disabil*. 2012;;1-17.

Cannella-Malone HI, Fleming C, Chung YC, Wheeler GM, Basbagill AR, Singh AH. Teaching daily living skills to seven individuals with severe intellectual disabilities: a comparison of video prompting to video modeling. *J Posit Behav Interv*. 2011;13(3):144-53.

Keen D, Brannigan KL, Cuskelly M. Toilet training for children with autism: the effects of video modeling category. *J Dev Phys Disabil*. 2007;19(4):291-303.

Rayner C. Teaching students with autism to tie a shoelace knot using video prompting and backward chaining. *Dev Neurorehabil*. 2011;14(6):339-47. [PubMed](#)

Rosenberg NE, Schwartz IS, Davis CA. Evaluating the utility of commercial videotapes for teaching hand washing to children with autism. *Educ Treat Child*. 2010;33(3):443-55.

Shipley-Benamou R, Lutzker JR, Taubman M. Teaching daily living skills to children with autism through instructional video modeling. *J Posit Behav Interv*. 2002;4(3):165-75.

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Improved participation in daily living activities

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2012 Jun 21

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Best Evidence Statement (BEST) Development Team

Composition of Group That Authored the Guideline

BEST Development Team: Kristen Brevoort, OTR/L, MOT, Division of Occupational Therapy, Physical Therapy, and Therapeutic Recreation

Ad Hoc Members: Patti Besuner, RN, MN, EBP Mentor, Center for Professional Excellence, Research, & Evidence Based Practice; Michelle Kiger, OTR/L, Division of Occupational Therapy, Physical Therapy, and Therapeutic Recreation

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Financial Disclosures/Conflicts of Interest

No financial conflicts of interest were found.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

Patient Resources

None available

NGC Status

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